Table S2A. Risk of bias assessment for included RCTs

AUTHOR, DATE,	SEQUENCE GENERATION SELECTION BIAS	ALLOCATION CONCEALMENT	BLINDING OF PARTICIPANTS	INCOMPLETE OUTCOME DATA	SELECTIVE OUTCOME REPORTING	OTHER SOURCES OF BIAS	OVERALL RISK OF BIAS
WARRINER, 2011	Adequate: Y	Adequate: Y	Adequate: N	Adequately addressed: Y	Free of selective reporting: Unclear	Free of other bias: N	Unclear risk of bias
	Computer-generated randomization in blocks of six	Sequentially numbered, sealed opaque envelopes	No blinding to provider type Separate exam rooms and waiting areas for different provider types	4% lost to follow-up balanced in numbers across intervention groups, reasons for missing data similar ITT and PP analyses performed		Small number of providers varying professional experience; in multivariate analysis, years of experience did not have impact No independent verification of clinical assessments Mean number of women treated by individual provider unclear Nurses and Aux Nurse Midwives with different training backgrounds and years of experience lumped together	
KOPP KALLNER, 2014	Adequate: Y	Adequate: Y	Adequate: N	Adequately addressed: N	Free of selective reporting: Unclear	Free of other bias: N	Unclear risk of bias
	Computer generated randomization in blocks of 10	Sequentially numbered, sealed opaque envelopes	No blinding to provider type	12% lost to follow-up similar in both arms PP analysis		Varying levels of professional experience/training among provider groups No independent verification of clinical assessments Mean number of women treated by individual provider unclear Small number of providers to evaluate intervention	
OLAVARRIETA,2014	Adequate: Y	Adequate: Y	Adequate: N	Adequately addressed:	Free of selective reporting: Unclear	Free of other bias: N	Unclear risk of bias
	Computer generated randomization	Sequentially numbered, sealed opaque envelopes	No blinding to provider type	> 10% lost to follow-up, similar in both arms ITT and PP analyses performed		Varying levels of professional experience/training among provider groups Mean number of women treated by individual provider unclear No independent verification of clinical assessments Small number of providers to evaluate intervention	
KLINGBERG-ALLVIN, 2014	Adequate: Y	Adequate: Y	Adequate: N	Adequately addressed: Y	Free of selective reporting: Unclear	Free of other bias: N	Unclear risk of bias
	Computer generated randomization in blocks of 12	Sequentially numbered, sealed opaque envelopes	No blinding to provider type	5 and 3 % lost to follow-up PP analyses reported as noted only 2 protocol violations in ITT population		Varying levels of professional experience/training among provider groups No independent verification of clinical assessments Mean number of women treated by individual provider unclear Small number of providers to evaluate intervention	
CLEEVE 2016	Adequate: Y	Adequate: Y	Adequate: N	Adequately addressed: Y	Free of selective reporting: Unclear	Free of other bias: N	Unclear risk of bias
SECONDARY OUTCOMES FROM RCT-EQUIVALENCE TRIAL	Computer generated randomization in blocks of 12	Sequentially numbered, sealed opaque envelopes	No blinding to provider type	5 and 3 % lost to follow-up PP analyses reported as noted only 2 protocol violations in ITT population		Varying levels of professional experience/training among provider groups No independent verification of clinical assessments Mean number of women treated by individual provider unclear Small number of providers to evaluate intervention	

Abbreviations: ITT intention to treat, PP per prococol

Table S2B. Risk of bias assessment for prospective –cohort studies (Medical TOP and facility-based providers)

AUTHOR, DATE STUDY DESIGN	EXPOSED/ UNEXPOSED FROM SAME POPULATION?	CONFIDENT IN EXPOSURE ASSESSMENT?	CONFIDENT THAT OUTCOME OF INTEREST NOT PRESENT AT START OF STUDY?	ADEQUATE MATCHING OR ADJUSTMENT FOR VARIABLES ASSOCIATED WITH OUTCOME OF INTEREST?	CONFIDENT IN ASSESSMENT OF PRESENCE/ABSENCE OF PROGNOSTIC FACTORS?	CONFIDENT IN ASSESSMENT OF OUTCOME?	ADEQUATE FOLLOW-UP?	SIMILAR CO-INTERVENTIONS ACROSS GROUPS?	RISK OF BIAS
JEJEEBHOY, 2012 PROSPECTIVE COHORT	Yes All women seeking medical TOP	Yes	No No providers had experience of medical abortion and completed same 10-d training course Mean number of procedures per provider unclear	Probably Yes Similar baseline characteristics of women treated No statement of mean GA of women treated by each provider type	Probably Yes Same regimen for medical TOP	Probably Yes Clinical assessments of eligibility and complete TOP verified by certified provider	Yes 5% loss to follow-up	Yes	Low/unclear